



**Office Use Only:**

For questions please call or email:

Rec \_\_\_\_\_ Camp \_\_\_\_\_ Dep \_\_\_\_\_

814.632.6024 /office@mycampk.com

Sch \_\_\_\_\_ Dis \_\_\_\_\_ Bal \_\_\_\_\_ Ent \_\_\_\_\_

**Teen Winter Retreat Camper Registration Form 2025**

- Teen Winter Retreat 1, January 3-5, 2025
- Teen Winter Retreat 2, January 24-26, 2025

*Please print clearly*

**Camper Personal Information**

Camper Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Age on 1/5/25) \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

(Circle 1 Below)

Parent/Guardian 1 Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

\*Email \_\_\_\_\_ **(Required)**

(Circle 1 Below)

Parent/Guardian 2 Name \_\_\_\_\_ Relation \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

Email \_\_\_\_\_

\*Emergency Contact Name \_\_\_\_\_

(\*Emergency Contact must be different from Parent/Guardian 1 & 2)

Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ Cell \_\_\_\_ Work \_\_\_\_

Email \_\_\_\_\_ Relation to Camper \_\_\_\_\_

**Camper Profile Information**

Church Name/Pastor Name \_\_\_\_\_

Church Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

First Time Camper Yes \_\_\_\_ No \_\_\_\_ Heard About From? \_\_\_\_\_

If parents are separated, who has legal custody? \_\_\_\_\_

Who will be picking up the camper at the end of the weekend? \_\_\_\_\_



**Signature Required Below**

I certify that I am the parent or guardian of the previously named child. In case of a medical emergency, I understand that every effort will be made to contact the parent or guardian of the camper previously named. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp leaders to hospitalize, secure proper treatment for, and order injections, anesthesia, or surgery for my child as named herein. I hereby certify that my child, previously named, is covered by a personal insurance policy or is included in a policy which is in force. Further, I hereby authorize routine medical dispensary care for the previously named camper and authorize treatment not considered routine to be referred to local physicians and medical facilities at my expense.

I give permission for the use of photographs, audio, and video footage including my child to be used in camp publicly. I give permission for my child to be transported in camp-operated vehicles for approved out-of-camp activities, for purposes of medical transport, and for the release of medical records in case of illness. In signing this form, I hereby certify that all information is correct.  
**(Circle 1 Below)**

Signature of Custodial Parent/Guardian \_\_\_\_\_  
Printed Name of Custodial Parent/Guardian \_\_\_\_\_

**Medical Information**

Is your camper in general good health and able to participate in all normal activities? Yes\_\_\_\_\_

\*No\_\_\_\_\_ (\*If no, please explain the limitations) \_\_\_\_\_

\*Detail medication taken regularly: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Specific allergies/treatment given: \_\_\_\_\_

Any pre-existing medical conditions? \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(REQUIRED)**

Insurance Company: \_\_\_\_\_ Policy No. \_\_\_\_\_**(REQUIRED)**

**Special Dietary Needs & Allergies**

Those with a special dietary need should bring their own meal replacements that can be prepared in a microwave. Please email if you have questions about your camper's special dietary requirements.

**Over-the-Counter Meds** - Which meds do you approve of the Camp to administer if necessary?

**Circle all that apply:** Advil          Benadryl          Tums          Tylenol          Ibuprofen  
   Pepto Bismol          Melatonin          None of them

**\*Please complete Camp Medication Form if your camper has prescription medication. The form is located at the end of this form and on our website: <https://www.mycampk.com/register>. (Mail in the medical form with this registration form)**



**Payment Options** (Please check the correct blanks below)

\_\_\_ \$160 Total Registration Cost

\_\_\_ \$\_\_\_\_\_ Money for the Camp Store

**I am enclosing:**

\_\_\_ **\$75 Deposit Fee** (\*Deposit applied to total camp fee and required to reserve a spot in a specific camp week)

\_\_\_ **Enclosed Check (payable to Camp Kanesatake)**

\_\_\_ **Charge this amount to my credit card \$\_\_\_\_\_**

Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ Print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

## How Camper Registration Works at Camp K

**Step 1.**

- Register your child either online or via paper form.
- Make sure to complete the medical form if your camper has prescription meds.

**Step 2.**

- Pay the **minimum \$75 deposit or the full amount** to reserve a spot for the Teen Winter Retreat.

**Step 3.**

- Receive confirmation via email that your camper is registered for the Teen Winter Retreat
- **An email address is required for registration.**

**Step 4.**

- Three to four weeks before the retreat you will receive a reminder email with a packing list and other details, including check-in and check-out procedures.

## To Speed Up Friday Evening Check-In

**Prior to Check-In Day:**

1. Put money in your camper's store account
2. Complete the medical form
3. Pay the remaining registration balance

Teen Winter Retreat Registration Forms are due by **December 16, 2024** with a deposit payment of \$75 to confirm registration spot.

Forms can be mailed to **Camp Kanesatake P.O. Box 11, Spruce Creek, PA 16683**